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CONFIRMATION NO. 5887

SERIAL NUMBER 10/532,042	FILING OR 371(c) DATE 02/06/2006 RULE	CLASS 436	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. SYNE-S2400.2
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/SE03/01639 10/21/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

SWEDEN 0203099-7 10/21/2002

## \*\* SMALL ENTITY \*\*

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWEDEN	SHEETS DRAWING 12	TOTAL CLAIMS 28	INDEPENDENT CLAIMS 9
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature Initials				

## ADDRESS

24184

## TITLE

Diagnosis of candidiasis and candidemia or invasive candida infection

FILING FEE RECEIVED 1315	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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